

Entered - 08/07/01 - sb
CL01L0501 - DIANNE C. MITCHELL

01-*R* -1369

CLAIM OF: **KAREN KELLY,**
through her insurance carrier,
State Farm Insurance Companies
P. O. Box 9609
Winter Haven, Florida 33883-9609

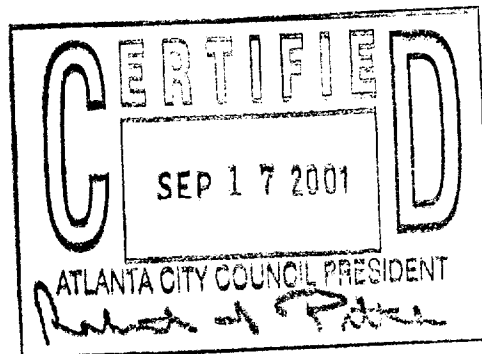
For damages alleged to have been sustained as a result of a vehicular
accident on September 19, 2000 at 119 Baker Street.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

Standing committees
AGENDA

ADVERSE
CITY COUNCIL SEP 17 2001



ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: *Public Safety*

CHAIR: *9/12/01*

Henry D. Jones

[Signature]

C. T. Man...

CERTIFIED
SEP 17 2001

[Signature]
DEPUTY MUNICIPAL CLERK



CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

October 2, 2001

State Farm Insurance Companies
Insurance Carrier
Shannon Hill
P.O. Box 9609
Winter Haven, Florida 33883-9609

01-R-1369

RE: Karen Kelly

Dear Ms. Hill:

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on September 17, 2001. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0501

Date: August 8, 2001

Claimant /Victim KAREN KELLY
BY:(Ins. Co.) State Farm Insurance Companies
Address: P. O. Box 9609, Winter Haven, Florida 33883-9609
Subrogation: X Claim for Property damage \$ Not Stated Bodily Injury \$ _____
Date of Notice: 08/06/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____
Date of Occurrence 09/19/00 Place: 119 Baker Street
Department Police Division: _____
Employee involved H. Henry Disciplinary Action: _____

NATURE OF CLAIM: The driver of the City vehicle collided with the claimant's parked vehicle. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

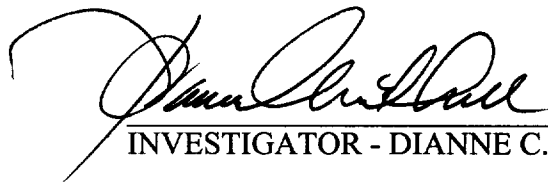
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager: [Signature] Concur/date 08-10-01
Committee Action: _____ Council Action _____

RCS# 3123
9/17/01
6:39 PM

Atlanta City Council

Regular Session

MULTIPLE
01-R-1364

Unfavorable Claims; Items 20-59

ADOPT

YEAS: 12
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 3
EXCUSED: 1
ABSENT 0

Y McCarty	Y Dorsey	Y Moore	Y Thomas
Y Starnes	NV Woolard	Y Martin	Y Emmons
Y Bond	Y Morris	E Maddox	NV Alexander
Y Winslow	Y Muller	Y Boazman	NV Pitts

MULTIPLE